

Nelson Clark

Town

County

Died at

Calumet

Balt.

MARYLAND

Date 189

8

Month

Day

June 24

Age

Y.

M

D.

85

Native of

Occupation

Labourer

Male

Married

~~Widow~~~~Divorced~~~~Female~~

Colored

~~Single~~~~Widower~~

Number of children living None

Husband

of

Rachel Clark

Father's

Name

Nicholas Clark

Mother's

Name

Lincrease Clark

Cause of

Primary

Chronic Progressive Bulbar Paralysis

Death

Immediate

Pneumonia.

How long sick

1 1/2 years

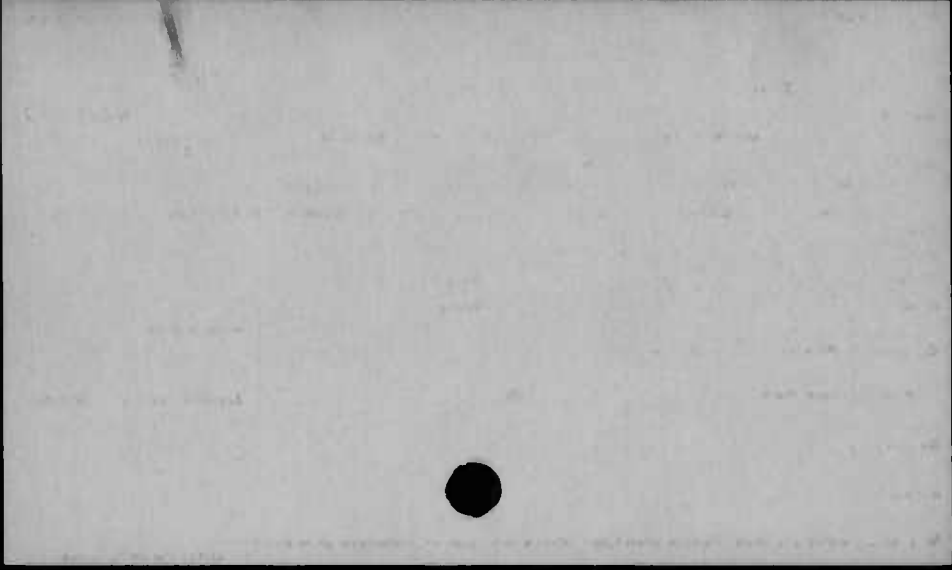
Accident, Suicide, Homicide

Reported by

Dr C L Maffieldt

Address

Calumet Md



Name in Full

Certificate of Death

Louisa Bernette

Town

County

Died at

Calumville

Baltimore

Md Hosp

MARYLAND

Date 1898

Month

Day

Y.

M.

D.

Native of

Occupation

June 16 60 - - Maryland None

~~Male~~

White

~~Male~~

Widow

Divorced

Female

~~Colored~~

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Not known

Mother's

Name

Not known

Cause of

Primary

Dementia

How long sick

4 months

Death

Immediate

Pulmonary Tuberculosis

Accident, Suicide, Homicide

Reported by

Miss Wade

Address

Calumville

Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968



Physician who attended any person in a last illness is responsible for the presentation of this certificate, and to the undertaker or other person superintending the burial, within twenty-four hours after the death of the person, if requested to do so, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 6-29-98

Full name of Deceased, { Write legibly with ink and spell correctly. If an infant not named give names of parents. } Joseph Franklin

Sex, Male or Female, { Cross out the words not required in this line. } Male

Age, 40 Years, _____ Months, _____ Days.

Color, Colour

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, Porter

Birthplace, { State or County, and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore, _____

Place of Death, { Give Street and Number. } B.V. Asylum

Cause of Death, { First (Primary), Second (Immediate), } Phthisis Pulm.

Duration of Last Sickness, _____

All the above information should be furnished by the Physician.

Place of Burial, Johns Hopkins Hospital for Anatomical purposes

Date of Burial, July 1st 1898

{ Undertaker, _____ } Lee Cohen M.D.,
Medical Attendant

{ Place of Business, Health Office } Address, B.V. Asylum

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker, or other persons superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

or simply Inflammatory.
MILDBIRTH—Circumstances producing Death.
CANCER—Variety and Seat.
CALCULUS—Mode of Death.
DENTITION—Mode of Death.
DISEASE OF HEART—Variety. Valves involved.
DROPSY—Variety and Cause.
ENTERITIS AND GASTRO-ENTERITIS—Cause,
whether Diarrhœal or not.
ERYSIPELAS—Seat and Cause.
FRACTURES—Cause and Mode of Death.
GANGRENE—Seat and Cause.
GASTRITIS—Cause.
HERNIA—Variety and Mode of Death.
INSANITY—Variety and Mode of Death.
JAUNDICE—Cause and Mode of Death.
MANIA, ACUTE—Cause and Mode of Death.
MISCARRIAGE—Cause and Mode of Death.
MALIGNANT PUSTULE—Location and Cause.
MALFORMATION—Variety.

OVARIAN TUMOR—Mode of Death.
PARALYSIS—Variety and Cause.
PERITONITIS—Cause.
PHLEBITIS—Cause.
PYAEMIA—Cause. Nature of Injury, if any.
PREMATURE BIRTH—Cause. Fœtal age.
PRETERNATURAL BIRTH—Manner of.
SYPHILIS—Variety. Chief Location and Mode
of Death.
TETANUS—Nature of Injury, if any.
ULCER—Nature. Chief Location and Mode of
Death.
WOUNDS—Cause, Variety, Seat and Mode of
Death.
ABSCESS—Cause, Location and Mode of Death.
Specify every Surgical Operation with fatal
result.
Mention INTemperance whenever recognized
as having produced or complicated the
direct cause of Death.

JAMES F. McSHANE, M.D.,

Commissioner of Health and Registrar.

REMARKS:

Name in Full

Certificate of Death

George Washington Ginnamon

Died at ^{Town} Dickeyville ^{County} Baeto

MARYLAND

Date 189 ^{Month} 8 ^{Day} June 18 ^{Y.} Age 19 ^{M.} — ^{D.} — ^{Native of} U. S. ^{Occupation} Laborer

Male White ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Single~~ ~~Widower~~ ~~Number of children living~~

Husband
of
Wife

Father's Name Samuel Ginnamon

Mother's Name

Cause of Death { Primary Pulmonary Tuberculosis

How long sick

Death { Immediate Asphyxia

Accident, Suicide, Homicide

Reported by

Address

Reported by Larrold M. Ginnamon

Address Dickeyville, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

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Name in Full

Certificate of Death

Louis L. Meidel

Town

County

Died at

Catonsville

Baltimore Co

MARYLAND

Date 1898 June 5th Y. M. D. Age 64. 3. 24. Native of Germany Occupation Bookkeeper

Male White Married Widow Divorced

Female Colored Single Widower Number of children living 3

Husband

of Emma Braun Meidel

Father's

Name Dr. George Meidel Name

Cause of

Primary

Nephritis

How long sick

5 weeks

Death

Immediate

Cerebral Pulmonary effusion

Accident, Suicide, Homicide

Reported by

Wm. J. Macgill M.D.

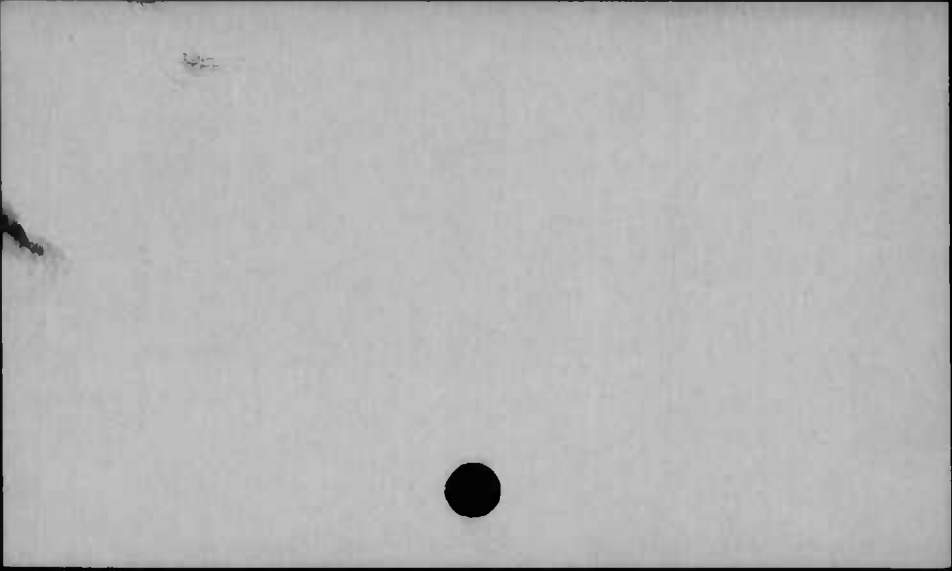
Address

Catonsville

Balt Co Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 35968



Name in Full

Certificate of Death

Died at

Town

County

John C. Lassen
Catausville Balto.

MARYLAND

Date 189

Month

Day

Y.

M.

D.

Native of

Occupation

9 - 6 - 14

Age

60

Norway Merchant Capt.

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living

three

Husband

of

Laura C. Lassen

Father's

Mother's

Name

Name

Cause of

Primary

Cancerous degeneration of ^{intestine}

How long sick

8 days

Death

Immediate

Appendicitis

~~Accident, Suicide, Homicide~~

Reported by

D. E. Stultz M.D.

Address

Catausville Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968



Thomas Litchfield

Town

County

MARYLAND

Died at

Catonsville Baltimore

Date 1895

Month

Day

Y.

M.

D.

Native of

Occupation

June 16th

Age

57.11.15

England

Contractor

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~~~Single~~

Widower

Number of children living

2

Husband

of

Martha Ann Litchfield

~~Wife~~

Father's

Mother's

Name

H Litchfield

Name

Cause of

Primary

Acute Diarrhoea

How long sick

7 days

Death

Immediate

Intoxication

Accident, Suicide, Homicide

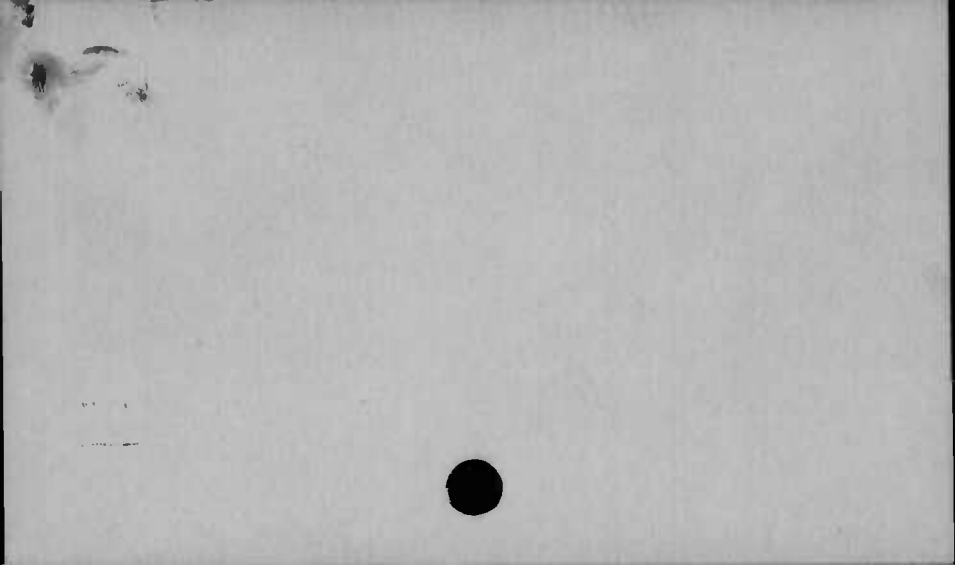
Reported by

L Chas Macgill M D

Address

Catonsville

Baltimore Md



Name in Full

Certificate of Death

Mary Maxwell

Died at ^{Town} Calverville, ^{County} Calto, Md Hspt, MARYLAND

Date 189 ^{Y.} 8 ^{Month} June ^{Day} 13 ^{Age} 50 ^{Y.} - ^{M.} - ^{D.} - ^{Native of} Maryland ^{Occupation} School teacher

^{Male} ^{White} ^{Married} ^{Widow} ^{Divorced}

^{Female} ^{Colored} ^{Single} ^{Widower} ^{Number of children living}

Husband
of
WifeFather's
Name Not KnownMother's
Name Not Known.

Cause of { Primary Folie Circulaire. How long sick 6 months.

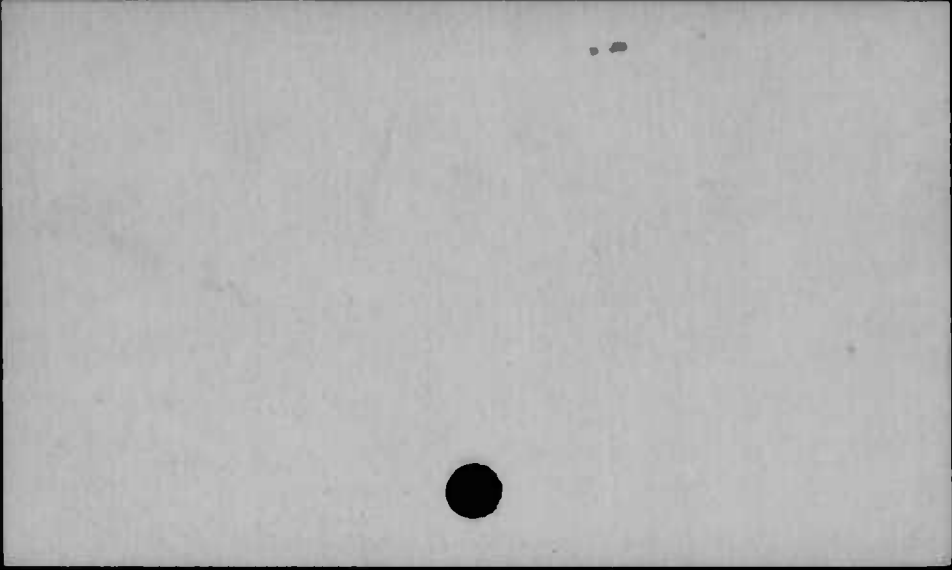
Death { Immediate Ch. Interstitial Nephritis Accident, Suicide, Homicide

Reported by Mrs. Wade

Address Calverville Maryland.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 85988



Frances Marcellus Murphy

Town

County

MARYLAND

Died at *De Keyville**Baltimore*

Month

Day

Y.

M.

D.

Native of

Occupation

Date 189 *8**6**22*

Age

*55**Balto*

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~

Single

Widower

Number of children living

Husband

of

Wife

Father's Name *James Murphy*Mother's Name *Rose Murphy*

Cause of

Primary

Cholera Infantum

How long sick

24 hours

Death

Immediate

Syncope

Accident, Suicide, Homicide

Reported by

J. C. Monahan

Address

Withersville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Joseph Stevens
 Died at Calonsville Baltimore, Md. West, MARYLAND

Date 1898 June 5 Y. 33 M. - D. - Native of Maryland Occupation Laborer.
 Male ~~Female~~ ~~Widow~~ ~~Divorced~~ ~~Widower~~ Number of children living

Husband of
 Wife
 Father's Name Lee Stevens Mother's Name Not known.

Cause of Death { Primary Recurrent Mania How long sick one month
 Immediate cerebro-spinal Meningitis Accident, Suicide, Homicide

Reported by Wm. H. Wade
 Address Calonsville Maryland.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.
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